US Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Officients Only
_ { AUG 1 7 PAID }
E 1 QUE M

1 File Number U

3 Name and address of person filing

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

1 / 1 /2004 Through 12 /31 /2004

4 Name file number and address of labor organization

Name ROYALD M HAFTL	Name PAINTERS DISTRICT COUNCIL No 14				
	Labor Organization File Number 032 375				
PO Box Bldg Room No if any	P O Box Building and Room Number if any				
Street 1456 W ADAMS	Street 1456 W ADAMS STEET				
city CH60	City CHGO				
State L ZIP Code + 4 60657	State 1				
5 Position in labor organization					
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)					
A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent					
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income				
Name					
Trade Name if any					
PO Box Bldg Room No if any					
	7 b Amount				
Street					
City					
State ZIP Code + 4					
Signature					
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)					
81gned Jan 21 1 0n 8205 312 421 0046					

Telephone Number

Name of Person Filling RONALD M HAFTL			File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including	trade name if any)	9 Business deals with			
Name ARNOLO & KADTAN Trade Name if any PO Box Bldg Room No if any Street 19 W JACKSON City CHGO		a Labor Organiza b Trust c Employer	ution X		
State IL	ZIP Code + 4 60604 3758				
10 If 9 b or 9 c is checked give trust or en Name Trade Name if any P O Box Bidg Room No if any	nployer's name	11 a Nature of such deal			
Street		11 b Approximate dollar vali	ue of such dealing \$154.01		
City		12 a Nature of interest hel			
State	ZIP Code + 4				
		12 b Amount			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Lat (including trade name if any)	por Relations Consultant	14 a Nature of payment			
Name					
Trade Name if any					
PO Box Bldg Room No if any					
Street					
City					
1	ZIP Code + 4				

14 b Amount of payment

?

or Consultant

13 b Is the Business an Employer

Name of Person Filling RONALD M HAFTL	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)	9 Business deals with			
Name	.)			
Trade Name if any	a Labor Organization b Trust c Employer			
PO Box Bldg Room No if any				
Street				
City				
State ZIP Code + 4				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deal	ing		
Name CHOO AREA POCA	LABOR/MANAG	GEMENT DINNER		
Trade Name if any				
PO Box, Bldg Room No if any				
Street 35530 MIGNIN DRIVE City WARRENVILLE	11 b Approximate dollar vali	ue of such dealing \$65 00		
	12 a Nature of interest he	d or income received		
State 1 L ZIP Code + 4 (6 6 555				
		1		
	12 b Amount			

or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or L (including trade name if any)	abor Relations Consultan	t	14 a Nature of payment
Name			
Trade Name if any			
PO Box Bidg Room No if any			
Street			
City			
State	ZIP Code + 4		1
13 b Is the Business an Employer	or Consultant	?	14 b Amount of payment.

ADDENDUM TO 2004 FORM LM 30

The transactions, dealings and interests that are detailed in the attached Form LM 30 represent my good faith effort to reconstruct the reportable occurrences for the period January 1, 2004 to December 31, 2004 Accurate records of reportable occurrences were not kept for the 2004 fiscal year and some items may have been unintentionally omitted. If in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period January 1, 2004 to December 31, 2004. I will file an amended Form LM 30

Signature

8205

Date